

ARIZONA RADIATION REGULATORY AGENCY

4814 South 40th Street * Phoenix, AZ 85040-2940

(602) 255-4845

Thank you for applying with the Arizona Radiation Regulatory Agency. This application must be completed in its entirety and must include the following:

- ✓ **Application:** Notarized completed application. Incomplete applications will be returned to applicant.

Money Order or Cashiers Check (NO PERSONAL CHECKS) made out to the Laser Safety Fund. The initial application is \$30.00 and can have an unlimited amount of procedures on it. However, if you would like to add additional procedures to be added into your file, once we have already processed your initial application, an application must be completed for EACH new procedure that you apply for. Each additional application will cost \$30.00 per procedure. (Renewals are \$30 per certificate, not per procedure)

- ✓ **Passport Photo:** Original photo, not a copy.

This is an ORIGINAL photo that can be obtained at most pharmacies. No computer generated or personal camera photos will be accepted.

- ✓ **Proof of Legal Residency:** – According to ARS §1-501:

Please note that the “otherwise lawfully present” requirement of A.R.S. §1-501 may encompass categories that are broader than the eligibility limitations in PRWORA. Consequently, although an applicant must present documentation proving he or she is lawfully present in the United States, if the documentation does not demonstrate that the applicant is a United States citizen, National, or a person described in the categories listed in Section III, Boxes 1-13 of the Applicant Statement, the applicant will not be eligible for licensure in Arizona.”

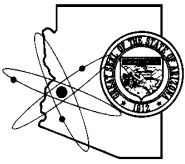
Therefore, please provide the following:

A legible copy of both your driver’s license **AND** your social security card **OR** a copy of your US Passport. If we can’t read the documentation, we will be unable to process your application.

Please also include the following IN ADDITION to the other documents listed above:

- ✓ **Documentation for 24 hours and 10 procedures for each modality you are applying for.**
- ✓ **Letter of Approval by your Supervising Health Professional that you have been directly supervised for at least 24 hours and 10 procedures in each modality you are applying for.**
- ✓ ***Documentation of 40 hours didactic training as required by Arizona Administrative Code, R12-1-1438.B.2.a.i, 1438.C.2.a.i, and Appendix C. (Completion letter from an Arizona state approved laser training school or copy of the diploma certificate)**
 - If you have taken an ARRA accepted 40 hour didactic training course, please fill out training school information in item 4.
 - If, before October 1, 2010, no ARRA accepted course was taken, please provide documentation of training course(s) attended that meet the above 40 hour didactic requirements. Please include instructor’s credentialing along with course subjects covered, all dates, times attended, and certificate of completion, if applicable. All other courses not accepted by ARRA, after October 1, 2010, must take an ARRA accepted 40 hour didactic training course.

PLEASE NOTE: It is the licensee’s responsibility to report any changes to your personal information. If you don’t receive renewals or correspondence from this office because you’ve moved or have changed the way that you receive mail, you will be responsible for late fees or the expiration of your license.



ARIZONA RADIATION REGULATORY AGENCY

4814 South 40th Street * Phoenix, AZ 85040-2940
(602) 255-4845

IMPORTANT NOTICE: ARS §32-3801 provides...A professional's residential address and residential telephone number or numbers maintained by a professional board are not available to the public unless they are the only address and numbers of record.

TYPE OR PRINT YOUR NAME AS IT APPEARS ON YOUR
SOCIAL SECURITY CARD

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME

RESIDENCE

CITY

STATE

ZIP CODE

COUNTY

Have you ever applied for an Arizona Laser License, whether you actually received one? Yes ☐ No ☐

**PREVIOUS LASER CERTIFICATE NUMBER _____ - _____

ISSUED ____/____/____

EXPIRED ____/____/____

****ORIGINAL CERTIFICATE(S) MUST BE RETURNED BEFORE A NEW ONE WILL BE ISSUED**

Are you currently licensed with the Arizona Cosmetology Board?

Yes ☐ No ☐

If yes, what is your license for? **Cosmetologist** **Aesthetician**

First and last name on license? _____

What is your license number? _____

Original issue date? _____ Expiration date? _____

Check all procedures that you wish to apply for certification:

You must provide documentation of 24 hours and 10 procedures for each modality you wish to apply for.

- ☐ Hair Reduction
- ☐ Spider Vein Reduction
- ☐ Skin Rejuvenation
- ☐ Non-Ablative Skin Resurfacing
- ☐ Skin Tightening
- ☐ Wrinkle Reduction
- ☐ Telangiectasias
- ☐ Laser Peel
- ☐ Acquired Adult Hemangiomas
- ☐ Facial Erythema
- ☐ Acne Scar Reduction
- ☐ Solar Lentigos Reduction (Age Spots)
- ☐ Ephelis Reduction (Freckles)
- ☐ Photofacial
- ☐ Other _____

FOR OFFICE USE ONLY

____ - ____ I: ____/____/____
E: ____/____/____
____ - ____ I: ____/____/____
E: ____/____/____
____ - ____ I: ____/____/____
E: ____/____/____

(MUST BE CURRENT)

1. MOST CURRENT EMPLOYER

EMPLOYER

AREA CODE/PHONE # / EXT

ADDRESS

CITY

STATE

ZIP CODE

NAME OF ADMINISTRATOR OR DEPT DIRECTOR

EMPLOYED FROM: ____ TO ____
MO/YR MO/YR

2. PREVIOUS EMPLOYER:

EMPLOYER

AREA CODE / PHONE # / EXT

ADDRESS

CITY

STATE

ZIP CODE

NAME OF SUPERVISOR

SUPERVISOR PHONE

EMPLOYED FROM: ____ to ____
MO/YR MO/YR

3. PERSONAL INFORMATION

FIRST NAME

MIDDLE NAME

LAST NAME

BIRTHDATE: MM/DD/YYYY

DAY PHONE #

EVENING PHONE #

SOCIAL SECURITY NUMBER (Required)

____ MALE ____ FEMALE

4. EDUCATIONAL INFORMATION (See instruction on first page*)

LASER TRAINING INSTITUTION

TYPE OF TRAINING (DIPL., CERT., DEGREE)

ADDRESS OF INSTITUTION

CITY

STATE

MO. & YR OF GRADUATION

PHONE NUMBER

OTHER DEGREES

MAJOR

WHERE OBTAINED

YEAR

Having filed an application for certification by the Arizona Radiation Regulatory Agency (ARRA), I authorize and request every person, company, governmental agency or institution having control of information pertaining to my educational and professional background to furnish to ARRA information pertaining to this application and to permit ARRA or its representatives to inspect and make copies of such information.

I hereby release ARRA and its representatives from any liability arising out of the furnishing or inspection of such information. The Authorization and Release form will only be utilized by ARRA to confirm application matters relevant to education, work history, and enforcement matters authorized by Arizona Revised Statutes 32.2801, et. Seq.

I, _____ (type or print name), do solemnly swear or affirm that the foregoing information completed by me, or submitted by or for me, is true, complete and correct to the best of my knowledge. Furthermore, should any part of the information herein provided prove to be false, it shall be just cause for the revocation of any Certificate issued by Arizona Radiation Regulatory Agency.

ARRA participates in the Employment Eligibility Verification Program.

I attest, under penalty of perjury, that I am (**check one of the following**):

☐ A citizen or national of the United States

☐ A lawful permanent resident (Alien #) _____

An alien authorized to work until _____ (Alien # or Admission #) _____

NOTARY PUBLIC

SIGNATURE OF APPLICANT

Subscribed and sworn to before me this ____ day of _____ 20____

DATE

Notary Public

My commission expires: _____

**NOTICE: Incomplete applications will be returned to applicant.
Do not leave any area blank.**